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PTO/SB/01 (10/00)

OMB 0651-0032

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR
DESIGN PATENT
APPLICATION**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted After Initial Filing

Attorney Docket Number	AMI-011-RC2
First Named Inventor	Burton G. Christensen et al.
COMPLETE IF KNOWN	
Application Number	New Application
Filing Date	December 13, 2001
Group Art Unit	New Application
Examiner Name	New Application

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR IDENTIFYING NOVEL MULTIMERIC AGENTS THAT MODULATE RECEPTORS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under 35 USC §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental sheet attached hereto.
60/092,938	07/15/1998	
60/088,466	06/08/1998	

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

US Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/327,904 09/493,462		06/08/1999 01/28/2000	

☐ Additional US or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

I hereby appoint the following attorney(s) and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

the practioners associated with customer number 27,038, including those listed below;



and said David E. Boone to have in addition the power to revoke the power granted to all others listed below and the power to grant associate powers of attorney.

Name	Registration Number	Name	Registration Number
David E. Boone Joyce Cohen	27,857 44,622	Jeffrey A. Hagenah Roberta P. Saxon	35,175 43,087

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:

David E. Boone
Advanced Medicine, Inc.
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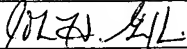
Telephone 650/808-6000	Fax 650/808-6078
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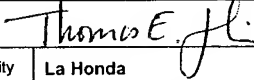
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

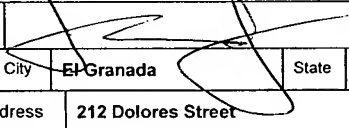
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Burton	Middle Initial	G.	Family Name	Christensen	Suffix, e.g., Jr.	-
Inventor's Signature					Date	12/12/01	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John	Middle Initial	H.	Family Name	Griffin	Suffix, e.g., Jr.	-
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature					Date	DEC 12, 2001	
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Mailing Address							
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix, e.g., Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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